



# **Executive Plan**

## **Children's Cabinet**

### **Information Dissemination & Training Development Work Team**

### **Data & Evaluation Work Team**

## **Executive Summary**

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# Introduction

The purpose of this document is to deliver a practical, state level, implementation plan to the Governor and Children's Cabinet for their approval and support in proceeding to initiate program strategies. This plan follows the 1995-6 work of Governor King's Task Force on Adolescent Suicide and Self-Destructive Behaviors and recommendations of the Children's Cabinet prepared in response to the Task Force Report.

It became evident early in the planning process that a coordinated approach would be necessary in order to have the most effective impact. There was considerable concern expressed by those involved that extreme care be taken in order to not have an adverse effect on any of Maine's young people. These concerns resulted in the decision not to implement individual components of the plan before a comprehensive program could be instituted. This decision was based on the fear that implementation of awareness level activities would generate an increased demand for services that did not currently exist or were inaccessible to those who needed them most. While it was appealing to begin to implement some of the strategies to provide tangible evidence of

accomplishment, there was strong consensus that doing so would potentially be a disservice to Maine families and youths.

A unique aspect of our work, as compared to the experience of other states, was the direct involvement of Governor King's Office and the commitment of the Children's Cabinet. This interest and involvement gave impetus to the work and gave those involved a sense of hope in the knowledge that this work would make a difference. Contributions from the many individuals who participated on the work teams and behind the scene were invaluable.

Participants wish to acknowledge the States of Washington and New Hampshire which led the way and from whose work we borrowed freely. A modified version of the Suicide Prevention Framework developed by the State of Washington was adopted by the work teams. The Framework allows for the creation of a viable implementation plan which is comprehensive, multi-faceted and grounded in current research. The lethal means education work done in New Hampshire provided an excellent model to address this crucial education component. The Maine plan is a coordinated package of state level approaches designed to build an infrastructure to support service delivery at the community level.

Reducing Maine's youth suicide rate will require substantial, long-term, system wide changes which expand and enhance prevention services for youth. Over time, coordinated implementation of these strategies should significantly reduce the rate of youth suicide and contribute to improving the health of Maine youth in general. Youth suicide will not be reduced through implementation of short term, one time efforts.








In addition to implementing the planned strategies, it is necessary to increase access statewide to behavioral health and crisis intervention services for families, children, teens, and young adults. While strategies contained in the implementation plan will positively impact the problem of youth suicide, development of a comprehensive children's mental health services system must be implemented in conjunction with the plan identified herein.

## Executive Summary

This implementation plan integrates the recommendations of Governor King's Task Force on Adolescent Suicide and Self-Destructive Behaviors and the Children's Cabinet's response to the Task Force Report. Contributing to the development of the plan were more than 45 individuals representing numerous State departments, public and private agencies and concerned citizens. The

intent of this plan is to institute specific prevention strategies with youth at highest risk and to increase the understanding of youth suicide prevention methods among adults and youths in general. Careful implementation of this plan is imperative so as not to increase the suicide rate among Maine youths. Available research suggests that the planned strategies will have the desired impact of preventing youth suicide in ways that "do no harm."

### **Facts about Youth Suicide in Maine**

-  From 1986 - 1995 there were 285 completed suicides among people aged 10-24 years; specifically: 20 among 10-14 year olds, 107 among 15-19 year olds, and 158 among 20- 24 year olds.
-  Maine's youth suicide death rate is higher than the national average rate of youth suicide deaths (ages 15 -24).
-  Maine youth, ages 10-24, experienced the second highest teen suicide mortality rate in New England with a rate of 16.5 per 100,000.
-  Suicide is the second leading cause of death for Maine 15 - 24 year olds and the third leading cause for 10-14 year olds.
-  Seven of ten youth suicides are committed with a firearm.
-  It is estimated that there are 20 attempts for every youth suicide death.
-  Even though females attempt suicide more often than males, the suicide death rate among male youths, ages 15-24, was more than five times that of females in the same age groups from 1985 to 1994.



### **Risk Factors:**

Research has identified a complex, multi-dimensional list of risk factors, several of which have to combine or converge at a particularly vulnerable time for a youth to consider or commit suicide. The risk factors most strongly related include: a prior suicide attempt; suicide ideation, making threats and/or having a detailed plan; exposure to the suicide of a family member or friend; and access to lethal means, especially a firearm.

Young people list a wide variety of reasons for thinking about or completing suicide. They include: feeling inadequate and overwhelmed; feeling anxious and/or depressed; using alcohol and drugs to help deal with problems; having serious relationship problems with family, friends, boy/girl friends; fighting; and feelings of isolation and loneliness. No matter what risk factors are considered, they all paint a picture of young people in pain. That pain is like a volcano that explodes throughout family, friends, school and the entire community when a young person commits suicide.

### **Goals of Maine's Youth Suicide Prevention Plan**

The goals of this plan are:

-  To reduce the incidence of fatal and non-fatal suicidal behavior among Maine youth aged 10-24.
-  To improve access to and availability of appropriate prevention and intervention services for youth at risk for suicide.

## **Strategies**

The strategies outlined below will be implemented in a coordinated way with each of the five Departments assuming a leadership or collaborative role in carrying out the plan. new strategies were added to the original Task Force recommendations as a result of additional research on effective approaches to youth suicide prevention. The strategies are divided into four levels targeted at different audiences – 1) Universal, 2) Selective, 3) Indicated and 4) Evaluation and Data Surveillance. Caution will be taken in the sequence in which these strategies are implemented. It is essential that support services are in place and gatekeepers are trained prior to implementing public awareness education activities and school-based suicide prevention education in schools.

### **Universal Strategies:**

The goal of Universal Strategies is to increase public awareness statewide about youth suicide. Special emphasis is placed on reaching individuals who work with youths and families to help keep communities healthy.

1. Educate the general population of Maine on youth suicide through the development and dissemination of print and other educational materials.
2. Expand the role of the Office of Substance Abuses Information and Resource Center to become a singular access point for information on youth suicide, including books, journals, articles, pamphlets, videos, and educational software.
3. Enhance the suicide prevention education component of Comprehensive School Health Education (CSHE); and provide professional development opportunities, resources and guidance to school staff regarding suicide prevention education, school environment, and policies.
4. Develop and implement strategies to educate media representatives about methods for reporting suicide in order to prevent subsequent (contagion or "copycat") suicides.
5. Develop and implement a campaign to educate the public about restricting youths' access to lethal means of suicide, especially firearms, in coordination with a firearm safety coalition.

6. Develop youth suicide prevention courses and 2 to 4 hour training seminars for individuals who work with youth and for others who plan careers in youth service professions.

### **Selective Strategies:**

The goal of Selective Strategies is to identify youth at high risk, refer them for further services, and to provide links to crisis intervention services.

7. Train gatekeepers (adults and youths in direct contact with teens and young adults) how to identify and respond to youth with a high potential for committing suicide.
8. Develop screening tools and methods to be utilized by trained gatekeepers in a variety of settings to identify youths at-risk of suicide, determine their crisis intervention needs, and assess their suicide potential.
9. Establish one statewide, toll free, 24-hour crisis hotline to ensure immediate access to community based crisis intervention services.
10. Encourage development of Crisis Intervention Teams in all Local Education Agencies linked to community mental health and crisis service resources.

### **Indicated Strategies:**

The goal of Indicated Strategies is to provide skill building and supportive services to individual youths known to be at high risk for self destructive or suicidal behaviors.

11. Build the capacity of communities and schools to offer skill building support groups for youths identified as being at risk by providing training for adult professionals and youths to teach them to co-facilitate skill building groups.
12. Provide statewide training to increase the knowledge and skills of clinicians and others who work with youths identified as at risk for suicide and their families.
13. Provide technical assistance and support for the development of quality school-based and community-based behavioral health service models working through the School-Linked Mental Health Project and with the mental health system's Local Services Networks.

### **Evaluation and Surveillance Strategies:**

Planned evaluation is integral to the overall implementation plan and the importance of evaluation cannot be overemphasized. The goal is to monitor youth suicide trends and to measure the effectiveness and impact of individual program components.

14. Improve, through education and technical assistance, the voluntary reporting of "External Cause of Injury Codes" (E Codes) on Maine hospital inpatient and emergency department records statewide.
15. Establish a data collection system to measure the magnitude and characteristics of Maine youth suicide attempts.
16. Establish and maintain a centralized data warehouse for the collection and dissemination of youth suicide related data.

### **Conclusion**

Decreasing the rate of youth suicide is a complex problem, which requires attention to social, psychological and personal factors concerning our youth and the presence of a comprehensive, coordinated, multi-faceted system of services.

This plan, implemented as a whole, has a much better chance of successfully reducing youth suicide than would implementation of individual components.

Implementation of this plan in conjunction with the comprehensive children's mental health system currently under discussion for presentation to the Legislature in the next session, will provide the state with a statewide integrated system that will effectively reduce youth suicide.

## **Youth Suicide Prevention Strategies**

### **Levels Of Prevention**

#### **INDICATED PREVENTION STRATEGIES**

-Skill Building Groups for Identified Youths

-Suicide Prevention Training for Service Providers →

-School Linked Mental Health Services ←



### SELECTIVE PREVENTION STRATEGIES

- Screening & Assessment
- Gate Keeper Training ←
- Statewide Hotline →
- School Based Crisis Intervention Teams



### UNIVERSAL PREVENTION STRATEGIES

- Information Resource Center
- Dissemination of Print Materials ←
- School Based Awareness Education →
- Media Contagion Education
- Lethal Means Restriction Education

NOTE: Data & Evaluation activities are part of all strategies

## **Glossary of Terms**

**Children's Cabinet** was established by Governor King in 1995. The Cabinet is composed of the Commissioners of the Departments of State Government serving families and children: Human Services, Education, Corrections, Mental Health, Mental Health/Mental Retardation and Substance Abuse Services, and Public Safety. The purpose of the Cabinet is to collaborate to create and promote coordinated policies and service delivery systems that support children and families. The Children's Cabinet provides oversight to a number of committees charged with specific responsibilities. The Children's Cabinet assigned responsibility for implementing the youth suicide recommendations through the PAY Work Group to two newly established work teams: Data and Evaluation and Information Dissemination and Training Development. The two Teams were



assembled in the fall of 1996 to implement the tasks as assigned by the Children's Cabinet.

**Children's Policy Committee** serves to provide a communications link between the strategic level of the Children's Cabinet and the operational level of subcommittees of the Children's Policy Committee. The *mission* of the Children's Policy Committee is to improve service delivery to Maine's children through the coordination of information on legislative initiatives, departmental budgets, and public policy issues at both the state and local levels.

**Communities for Children** is a collaborative partnership between State Government and Maine Communities to assist communities to meet the needs of children and families. It supports the strengths of communities and enhances their ability to prevent many of the problems that face Maine's children and families.

**Data and Evaluation Work Team** was established as a subcommittee of the PAY by the Children's Cabinet to collaborate efforts of involved State agencies in order to optimize the task of gathering suicide related data. The team was also requested to research and finalize risk factors and data items to be collected to enable long term surveillance of the impact of suicide prevention efforts on the rates of youth suicides and suicidal behaviors. The Data and Evaluation Work Team in coordination with the Information Dissemination and Training Development Work Team (IDTD) created evaluation tools to be used by programs established by IDTD recommendations. Membership consisted of eight individuals, five from State agencies and three from outside agencies with research and data analysis expertise.

**Gatekeepers** are adults and peers who routinely interact with youth during the course of a day, such as teachers, coaches, friends, police or volunteers. They are trusted individuals who are in a position to recognize high-risk behaviors and take action. Gatekeepers need to be able to recognize a young person at risk for suicide, respond appropriately and effectively, and refer for help and be supportive in the process.

Gatekeeper Training is the process by which an individual acquires the critical skills necessary to recognize a young person at high risk for suicide, respond to that individual in a direct and caring manner, and connect him/her with help. Many trusted adults and peers who routinely interact with youth lack these critical skills simply because they haven't been exposed to information on suicide and what to do to prevent it.

**Governor King's Task Force on Adolescent Suicide and Self-Destructive Behaviors** was convened to study youth suicide and other self destructive behaviors. The Task Force began in May 1995 and completed its work in July 1996. The Task Force included parents and young people along with youth service workers, psychologists and many others who volunteered their time and energy. Task Force members listened carefully to the voices of parents and young persons, referenced pertinent literature, identified service gaps across the State and utilized their collective experiences and expertise to produce a report to the Governor which contained ten recommendations. The recommendations of the Governor's Task Force were reviewed and revised somewhat by the Children's Cabinet who, in turn, delegated the job of implementation to one of its subcommittees, the Prevention Advocacy for Youth (PAY) Work Group.

**Indicated prevention strategies** are effective for stemming the progression of early suicide-risk behaviors among high risk individuals. These indicated strategies work by addressing specific risk and protective factors among youth who are identified as evidencing early signs of suicide risk behaviors.

**Information Dissemination and Training Development (IDTD) Work Team** was established by the Children's Cabinet to take their recommendations for youth suicide prevention and integrate them into a prevention framework. The IDTD Work Team was assembled and began meeting in September, 1996. About 30 individuals from a variety of backgrounds, nine of whom had participated on the Governor's Task Force, met on a monthly basis from September, 1996 through June, 1997. The process of this Work Team has included organizing a workable collaborative process, fact finding on assigned tasks, reviewing the latest research, consulting with leaders throughout Maine, at the national level and in other States, and reviewing guidelines and models for effective youth suicide prevention.

**OSA Information and Resource Center (IRC)** provides materials and research information statewide for prevention, intervention and treatment programs. Videos, books, pamphlets, and research assistance are provided free of charge. An updated listing on substance abuse treatment agencies in the State of Maine and listings of Support Group Meetings is available upon request. Call 287-8900 or Toll Free 1-800-499-0027.

**Peer Leader programs** help foster effective prevention-focused peer leaders who are available to their peers as listener, friends, leaders, and role model for resiliency skills. Research shows that adolescents are most likely to turn to their peers for guidance and information. The Bureau of Health supports a statewide peer leader training program through the Peoples Regional Opportunity Program (PROP) in Portland. Grounded in social learning and self-perception

theory research, the project provides training to school and community sites wishing to establish a peer leader program and provides technical assistance and an annual conference for existing programs.

**Prevention** is a strategy or approach that reduces the likelihood of health problems ever occurring. It is also defined as a process that stems the progression of early warning signs of a health problem in order to inhibit and reduce the likelihood of a diagnosable disorder or illness.

**Prevention Advocacy for Youth (PAY) Work Group** is a subcommittee of the Children's Policy Committee. The *vision* of the PYVWG is that *all Maine children have the right to be safe and healthy, whether at home, in school, or in the communities where they live*. The *mission* of the committee is to develop and implement collaborative prevention strategies and to coordinate state and local activities related to the prevention of violence, suicide and other youth issues. This group has met on an ongoing basis since its inception in August 1993. The group has been assigned responsibility for developing the Implementation Plan for youth suicide prevention.

**Selective prevention strategies** are effective for preventing the onset of suicidal behaviors among targeted high-risk groups, such as white middle class males or substance-abusing youth. Selective strategies work by training Gatekeepers to screen, support and refer youth for services as needed. Selective prevention strategies focus on identifying and reducing the risk factors that make certain individuals and/or groups more vulnerable for self destructive and suicidal behaviors. Selective strategies also build the personal and social resources of high risk groups. These resources include developing relationships with caring adults, family support, and accessible support in the community through schools and other local resources. Research has shown that the selective strategies known to be most effective in reducing youth suicide risk are: Screening, Gatekeeper Training, and Community-based Crisis Intervention. It is expected that these strategies will impact youth who are at high risk for suicide ( 25-30% of all youth).

**School Linked Mental Health Project** a Project to develop supportive structures at the state level which will enable schools and local

agencies to increase mental health services including prevention, identification, early intervention, treatment and referral services for students through school-based health centers and or school-linked services. Infrastructure are the basic facilities, equipment, and installations needed for the functioning of a system. The primary state level goal areas that this Project targets are Financing, Training/Education, Program Development, Data & Evaluation, and Local Level

Implementation. This Project is intended to enhance other efforts that are part of improving the overall health and well being of children and families.

**Student Assistance Teams (SAT)** are teams of school professionals whose function is to identify, refer, and intervene with students exhibiting patterns of risk behavior. SATs are in elementary, middle, and secondary level schools, interaction with youth is guided by local policies and protocols. SAT are located in # school systems statewide. These teams provide students with a prevention/intervention process that ensures that they have a free, appropriate public education, which is a requirement of section 504 of P.L. 93 - 112. The purpose of the Student Assistance Team is to redirect students exhibiting risk behaviors before they experience school and social failure.

**Universal prevention strategies** utilize widespread means of communication to increase awareness among large numbers of people. These strategies are effective in disseminating information, changing attitudes and norms, and modeling appropriate responses and behavior. Universal strategies work to counteract prevailing barriers to preventing youth suicide, such as lack of knowledge, false beliefs and unhelpful responses and are geared to reach up to 85% of the population.

**Youth violence** is defined as *intentional physical acts committed by youth, with or without the use of weapons, which result in physical injury or death to self or to another person*. In the work of the PAY , the primary focus has been upon children, teens and young adults, ages 10 - 24.

**Wings Project** is one of twenty-two national demonstration projects to establish a community-based system-of-care approach for children with severe emotional disturbances and their families. Wings serves children and families in four Maine counties; Penobscot, Hancock, Washington and Piscataquis. The project is currently in its third year of a five-year, federal and state funded initiative. To date the project has been funded for \$8 million dollars and is expected to receive \$3 million during year four of the project.